TEXAS DEPARTMENT OF INSURANCE
Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)
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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name
Austin Pain Associates

Respondent Name
Indemnity Co of North America

MFDR Tracking Number
M4-17-0223-01

Carrier's Austin Representative
Box Number 15

MFDR Date Received
September 28, 2016

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "The insurance carrier has denied multiple lines on the referenced bill in error stating the, "allowance is included in another service." This is inaccurate based on coding guidelines, the denial was appealed; however this decision was upheld. We do not agree with this denial as the service billed is within the DWC treatment guidelines, the appropriate allowance has not been provided, all documents to support the billing were sent twice to the carrier, the billing includes accurate coding aligned with Medicare, and the carrier's denial reasons are invalid."

Amount in Dispute: $1,789.82

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The Carrier contends reimbursement for the individual panels is included in the reimbursement for the urine drug screen itself. Consequently, the Provider is not entitled to separate reimbursement."

Response Submitted by: Travelers

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
October 16, 2015	Clinical Laboratory Services	$1,789.82	$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.203 sets out the reimbursement guidelines for professional medical

services.

3. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
   - P12 – Workers' compensation jurisdiction fee schedule adjustment
   - 97 – Allowance included in another service
   - 309 – Charge exceeds fee schedule allowance
   - 243 – Allowance included in another SVC
   - W3 – Additional payment made on appeal/reconsideration
   - CVTY – The charges have been priced in accordance to a Coventry owned contract

Issues

1. Are the insurance carrier's reasons for denial or reduction of payment supported?
2. What is the rule applicable to reimbursement?
3. Is the requestor entitled to additional reimbursement?

Findings

1. The requester seeks additional reimbursement for clinical laboratory services rendered on October 16, 2015 in the amount of $1,789.82.

   Neither party raised contract pricing therefore, this denial will not be considered in this dispute.

   The insurance carrier denied disputed services with claim adjustment reason code "P12 – Workers' compensation jurisdictional fee schedule adjustment" and "97 – Allowance include in another service."

   The Division rules for clinical laboratory services are found in 28 Texas Administrative Code 134.203, "Medical Fee Guideline for Professional Medical Services." The applications that system participants are to follow is found at §134.203(b) which states in pertinent part,

   > For coding, billing, reporting, and reimbursement of professional medical services, Texas workers' compensation system participants shall apply the following:
   >
   > (1) Medicare payment policies, including its coding; billing; correct coding initiatives (CCI) edits;

   Review of the submitted DWC60 finds the following codes are in dispute:

   - G0431 - Drug screen, qualitative; multiple drug classes by high complexity test method (e.g., immunoassay, enzyme assay), per patient encounter
   - G6052 - Assay of meprobamate
   - G6045 - Assay of dihydrocodeinone
   - G6046 - Assay of dihydromorphinone
   - G6056 – Opiate(s), drug and metabolites, each procedure
   - G6041 – Alkaloids, urine, quantitative
   - G6031 – Assay of benzodiazepines
   - G6051 – Assay of flurazepam
   - 82542 – Column chromatography, includes mass spectrometry, if performed (eg, HPLC, LC, LC/MS, LC/MS-MS, GC, GC/MS-MS, GC/MS, HPLC/MS), non-drug analyte(s) not elsewhere specified, qualitative or quantitative, each specimen
   - 82570 – Creatinine; other source

   Review of the National Correct Coding Initiatives Policy Manual, Chapter 12, found at www.cms.gov, finds the following:

HCPCS code G0431 (drug screen... by high complexity test method..., per patient encounter) is utilized to report drug urine screening performed by a CLIA high complexity test method. This code is also reported with only one (1) unit of service regardless of the number of drugs screened.

*For a **single patient encounter** only G0431 or G0434 may be reported. The testing described by G0431 includes **all** CLIA high complexity urine drug screen testing as well as any less complex urine drug screen testing performed at the same patient encounter.*

Based on the above, the Division finds code G0431 was billed and is therefore eligible for payment. All other billed codes are not separately payable as they were performed at the same patient encounter.

2. The fee is calculated per 28 Texas Administrative Code §134.203(e) which states,

   The MAR for pathology and laboratory services not addressed in subsection (c)(1) of this section or in other Division rules shall be determined as follows:

   (1) 125 percent of the fee listed for the code in the Medicare Clinical Fee Schedule for the technical component of the service; and,

   (2) 45 percent of the Division established MAR for the code derived in paragraph (1) of this subsection for the professional component of the service.

   Review of the 2015 Clinical Diagnostic Laboratory Fee Schedule finds an allowable for $75.63. No professional component applies.

   The maximum allowable reimbursement is calculated as follows, $75.63 x 125% = $94.54. This amount is recommended.

3. The total allowable reimbursement for the services in dispute is $94.54. The carrier previously paid $137.08. No additional payment is recommended.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is $0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to $0.00 additional reimbursement for the services in dispute.

Authorized Signature

		October 31, 2016
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, 37 *Texas Register* 3833, applicable to disputes filed on or after June 1, 2012.

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MFDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.